



**COUNTY OF LOS ANGELES
DEPARTMENT OF AUDITOR-CONTROLLER**

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March 17, 2004

TO: Supervisor Don Knabe, Chairman
Supervisor Gloria Molina
Supervisor Yvonne Brathwaite Burke
Supervisor Zev Yaroslavsky
Supervisor Michael D. Antonovich

FROM: J. Tyler McCauley 
Auditor-Controller

SUBJECT: **GROUP HOME PROGRAM MONITORING REPORT – JAY CEE DEE
CHILDREN'S HOME, BARGEN WAY AND LOMA ALTA SITES**

We have completed a review of the two group homes operated by Jay Cee Dee Children's Home, Barga Way and Loma Alta. Each home contracts with the Department of Children and Family Services (DCFS).

Barga Way and Loma Alta are six-bed facilities located in the Fifth Supervisorial District, which provide care for boys ages 8-17 years who exhibit behavioral, social, and emotional difficulties. At the time of the monitoring visit, Barga Way and Loma Alta were each providing services for six Los Angeles County DCFS children.

Scope of Review

The purpose of the review was to verify that the two agencies were providing services outlined in their Program Statements. Additionally, the review covered basic child safety and licensing issues and included an evaluation of each home's Program Statement, internal policies and procedures, child case records, a facility inspection, and interviews with two children placed in each home at the time of the reviews. Interviews with the residents were designed to obtain their perspectives on the program services provided by each facility, and to ensure adherence to the Foster Youth Bill of Rights.

Summary of Findings

The review disclosed that both facilities were not complying with a significant number of contract requirements. **The problems noted in this review are significant and DCFS management should determine why Children's Social Workers visiting the residents monthly did not require that the Agency address the numerous deficiencies discussed in this report. In addition, in October 2003, we made a**

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referral to DCFS' Out-of-Home-Care-Evaluation Unit (OHCEU) and the Child Abuse Hotline (at the behest of OHCEU) in reference to several findings.

A referral was made regarding the Bergen Way Site because of what appeared to be marijuana seeds were observed during the review; the facility's insufficient supply of food; and staff's allegation that a resident known for using drugs was selling drugs out of the facility.

A referral was made regarding the Loma Alta Site because the facility was not adhering to the staffing ratio of two staff per six residents and that the owner of Jay Cee Dee, who lived in the house, turned off the electricity in certain areas of the facility when she was absent from the home.

In addition to the above, the following areas also required significant improvements.

Bergen Way

Bergen Way needs to:

- make extensive repairs to the facility;
- provide adequate lighting in the living room;
- provide residents with an adequate variety of age-appropriate recreational equipment, books, and resource material;
- provide residents with a computer;
- adhere to the facility's Program Statement regarding population criteria;
- improve their Needs and Services Plans and include residents and their authorized representatives in developing and updating the Needs and Services Plans;
- develop Quarterly Reports that are specific to each child and focus on the goals in the Needs and Services Plans;
- provide age-appropriate self-help, survival, and life skills training for residents;
- inform residents about their medication and their right to refuse medication;
- allow residents to go home on weekend visits per court orders; and
- offer each resident a life book.

Loma Alta

Loma Alta needs to:

- make extensive repairs to the facility;
- maintain an adequate supply of food properly stored;
- improve their Needs and Services Plans and include residents and their authorized representatives in developing and updating the Needs and Services Plans; and
- develop Quarterly Reports that focus on the goals in the Needs and Services Plans.

Attached are detailed reports of the findings for each home.

Review of Report

The Agency's management has refused to attend an exit conference to review the findings of this review. Because of the significance of the problems noted, **the Agency must take action to correct the physical plant and programmatic deficiencies immediately. If these deficiencies are not addressed immediately, DCFS should place the Agency on a "Do Not Use" status, and remove the children from these homes.**

If you have any questions, please contact me, or have your staff contact DeWitt Roberts at (626) 293-1101.

JTM:DR:CC

c: David E. Janssen, Chief Administrative Officer
David Sanders, Ph.D., Director, DCFS
Richard Shumsky, Chief Probation Officer
Mattie Drawn, Executive Director, Jay Cee Dee Children's Home
Violet Varona-Lukens, Executive Officer
Public Information Office
Audit Committee

JAY CEE DEE CHILDREN'S HOME
2976 Bargaen Way
Altadena, CA 91001
Phone: 626-797-4110
License No.: 191222787
Rate Classification Level: 8

I. FACILITY AND ENVIRONMENT

(Facility Based - No Sample)

Method of assessment – Observation and resident interviews

Sample size for resident interviews: Two

Comments:

Jay Cee Dee (JCD) Bargaen Way, located in a residential neighborhood, had a moderately maintained exterior. Several window screens needed replacement, the rear security screen door did not fit properly, there was debris in the back yard, and a hole in the step at the side entry.

The residents' recreation room had broken furniture, broken exercise equipment, miscellaneous junk, damaged window coverings, a dirty floor, missing window screens, and graffiti writings on the walls. In addition, what appeared to be marijuana seeds were observed in a container.

In the living room, the lighting was dim and the sofa/lounge chair was broken. In the dining room, the carpet was stained, and a small sofa was in poor condition.

In the kitchen, the cabinets needed painting inside and out and the stove needed cleaning. In addition, the counter tile was damaged and the grout had a build-up of dirt and food.

In bedroom number one, the wood floor was worn and discolored and, in bedroom number two, the window coverings were damaged. In bedroom number three, the carpet was worn and stained, there was a hole in the wall, the frame around the closet was coming off the wall, and the foundation of the floor was unstable when walked on. All three of the resident bedrooms had dressers with missing hardware and broken drawers, and the beds had damaged headboards, and loose bed frames.

Most of the residents' clothing was on the floor of their closets or stuffed in their drawers.

In bathroom number one, the hot water did not work in the face basin and, in bathroom number two, the door did not close properly due to missing hardware.

Window coverings in the therapy room/office were damaged, the desk was worn and scratched, and the appearance of the room was cluttered and disorganized.

Recreation equipment included a basketball net, a damaged pool table with no accessories to play the game, and broken exercise equipment. There was a TV, and VCR in the home. However, there was not an adequate supply of age-appropriate books, resource reading material, or a computer for the residents' use.

There was an insufficient supply of food, including fresh fruits and vegetables, and the food items were not properly stored.

Recommendations

1. Bargen Way management:

- a. **Replace missing window screens around the home as needed.**
- b. **Repair the rear security screen door.**
- c. **Remove the debris from the backyard.**
- d. **Repair the hole in the step at the side entrance.**
- e. **Remove all broken furniture, equipment, and miscellaneous junk from the residents' recreation room.**
- f. **Repair/replace damaged window coverings throughout the facility as needed.**
- g. **Remove graffiti writings from the walls in the recreation room.**
- h. **Clean the recreation room floor.**
- i. **Provide additional lighting in the living room.**
- j. **Repair all furniture throughout the facility as needed.**
- k. **Clean/Replace the carpet in the dining room and bedroom number three.**
- l. **Remove/Replace the sofa in the dining area.**
- m. **Paint the kitchen cabinets.**
- n. **Clean the kitchen stove.**

- o. Repair and clean the kitchen counter.**
- p. Repair the flooring in bedrooms number one and three.**
- q. Patch the hole in the wall and repair the wood frame around the closet door in bedroom number three.**
- r. Provide hot water for face basin in bathroom number one.**
- s. Repair door in bathroom number two.**
- t. Provide residents with an adequate variety of age-appropriate recreational equipment, books, and resource material.**
- u. Provide residents with a computer.**
- v. Maintain and properly store an adequate supply of food.**

II. PROGRAM SERVICES

Method of assessment – Review of relevant documents and resident interviews

Sample size for resident interviews: Two

Comments:

Each resident received a complete initial diagnostic assessment after being admitted into Bargen Way's program. However, one resident did not meet the Agency's population criteria as outlined in their Program Statement. According to the population criteria, Bargen Way did not accept known drug and alcohol (past or present) users. A review of the resident's case file disclosed that the resident was a known drug user and, according to staff, selling drugs out of the facility.

The residents' had current Needs and Services Plans (NSPs) that were not realistic, measurable, or time specific. Each resident's last two NSPs reflected the same wording and there was no evidence of participation by the residents' and their authorized representatives. We could not discuss this with management as they would not participate in an exit conference.

The Quarterly Reports were current, but not comprehensive, timely, or focused on the goals in the NSPs.

Both residents were receiving individual and group therapy.

Recommendations

2. Bargen Way management:

- a. **Adhere to the facility's Program Statement regarding population criteria.**
- b. **Create Needs and Services Plans that are comprehensive, measurable, attainable, realistic, and time limited.**
- c. **Include each resident and their authorized representative in the developing and updating of the Needs and Services Plan.**
- d. **Develop Quarterly Reports that are specific to each child's needs and focus on the goals in the Needs and Services Plans.**

III. EDUCATIONAL AND EMANCIPATION SERVICES

Method of assessment – Review of relevant documents and resident interviews

Sample size for resident interviews: Two

Comments:

Both residents attended JCD's private school and their records contained report cards and/or progress reports. The residents reported that they were provided with a sufficient amount of educational stimulation away from school on a daily basis and that staff was supportive of their academic progress.

Development of daily living skills, a program requirement, was not part of Bargen Way's program. According to the residents, they were not involved in daily living skills training as required.

Age-appropriate residents were offered the opportunity to participate in emancipation and vocational programs. The residents did not work and were able to spend their allowances as they chose.

Recommendation

- 3. Bargen Way management provide age-appropriate self-help, survival, and life skills training for all residents inclusive of how to properly care for their clothing.**

IV. RECREATION AND ACTIVITIES

Method of assessment – Review of relevant documents and resident interviews

Sample size for resident interviews: Two

Comments:

Bargen Way provided an activity schedule developed by the staff with input from the residents. The residents were encouraged to participate in activities they liked and had the opportunity to play table games, sports, and read at free times during the day.

Transportation was provided to and from activities.

Recommendations

There are no recommendations for this section.

V. PSYCHOTROPIC/OTHER MEDICATION

Method of assessment – Review of relevant documents and resident interviews

Sample size for resident interviews: There were six residents placed in Bargen Way at the time of the review. A review of one case file was conducted for the resident prescribed psychotropic medication.

Comments:

The resident receiving psychotropic medication had a current court authorization. Documentation confirmed that the resident was routinely seen by the prescribing psychiatrist for a review of medication.

Medication logs were properly maintained.

Recommendations

There are no recommendations for this section.

VI. PERSONAL RIGHTS

Method of assessment – Resident interviews

Sample size for resident interviews: Two

Comments:

The residents were presented with the policies, rules, and regulations when arriving in placement. Both residents stated that they felt safe in the home and that they were treated with respect. However, they indicated that there was usually one staff present in the home when residents were present. According to the Program Statement, the staffing ratio should be two staff for six residents. This issue was not discussed with management who would not participate in an exit conference.

Resident chores included the maintenance of their own rooms and common areas which the residents did not feel were too demanding. The residents stated that they liked and got enough food, had two snacks a day, and had no interference with daily living functions such as getting water and snacks.

Both residents had telephone contact with their authorized representatives. Phone calls and visits were permitted with sufficient privacy and the residents indicated that they had religious freedom. The residents expressed concern that they were not permitted to go home for weekend family visits if a staff felt they had been “bad.”

The residents felt their health care needs were met and that staff was culturally sensitive to each resident’s background and ethnicity.

One resident was not informed about his psychotropic medication and neither resident was aware of their right to refuse medication.

Recommendations

4. Bargen Way management:

- a. Provide residents with appropriate supervision at all times.**
- b. Allow residents to go home on weekends visits in accordance with court orders.**
- c. Inform residents about their psychotropic/other medication and their right to refuse medication.**

VII. CLOTHING AND ALLOWANCE

Method of assessment – Review of relevant documents and resident interviews

Sample size for resident interviews: Two

Comments:

Borgen Way provided appropriate clothing, items of necessity, and allowances to the residents. Borgen Way supplied residents with the required monthly clothing allowance in the amount of fifty dollars, and the residents were given the opportunity to select their own clothes. Clothing provided to the residents was of good quality and sufficient quantity.

The residents received at least the required minimum weekly allowance that they were able to increase based on the Agency's behavioral system.

Borgen Way provided residents with adequate personal care items and sufficient, secure space to store their personal items.

One resident did not have a life book.

Recommendation

- 5. JCD Borgen Way management offer each resident a life book.**

JAY CEE DEE CHILDREN'S HOME
459 East Loma Alta Drive
Altadena, CA 91001
Phone: 626-797-4110
License No.: 191220951
Rate Classification Level: 8

I. FACILITY AND ENVIRONMENT

(Facility Based - No Sample)

Method of assessment – Observation and resident interviews

Sample size for resident interviews: Two

Comments:

Jay Cee Dee (JCD) Loma Alta is a large three level home located in a residential neighborhood of well-maintained homes. The exterior of the home was moderately maintained with discarded shoes, pipes, and trash on the side of the house. Also, the empty hot tub in the pool area was missing a cover which presented a safety hazard.

In the laundry room, the residents' dirty clothes were strewn on the floor, an accumulation of dust and dirt was inside the washer and dryer, there were holes in the walls, and the entry door needed replacing.

JCD's owner lived on the third level of the facility and the residents have access to the first and second levels. The interior of the home was moderately maintained, however, there were multiple areas needing improvement.

The living and dining rooms were bright and had a home like environment with stylish furniture, window coverings, pictures, plants, and accessories. However, the residents stated they were not allowed in the living room and only allowed in the dining room if they were talking to their social worker, therapist, or a visitor.

In contrast to the main floor, the lower floor that served as the residents' family room, exercise room, TV room, and the facility office, was dark, dirty, and cluttered. The room lacked pictures, plants, light, and accessories. The furnishings were old and in poor condition including worn sofas covered with blankets.

The lights in the living room, dining room, and residents' family room did not work. According to staff, the owner controlled the lights, turning them off when she left the house. During our audit, the lights could not be turned on because the owner was not at home. Staff, when asked what happened when residents were home and owner was not, replied that they had no lights until the owner got home.

The lighting in bedrooms number one and three was extremely dim, and in bedroom number two, the light did not come on. All three of the resident bedrooms needed painting, the furniture was in poor condition, and the dressers were damaged with missing drawer handles. Most of the residents' clothing were either in bags on the closet floor or stuffed into their dresser's drawers.

In bathroom number one, the area around the toilet had a strong urine smell, there were no towels for the residents to dry their hands, the bathroom door needed painting, the clothes hamper had a large hole in it, and the floor was worn. In bathroom number two, there was a hole in the wall under the sink.

In the kitchen, there was a hole around the pipe under the sink and the broken refrigerator door was held closed by a lock.

In the pantry, dry goods such as flour and rice were not properly stored and dated, open items of food were on the shelves, and there were several expired boxes of cereal. There was a sufficient supply of frozen meats, but the supply of dry and canned goods was inadequate. The pantry needed cleaning and the lining in the interior door of the freezer was coming apart.

There was a swimming pool and exercise equipment available for recreational use. Educational materials, a computer, TV, VCR, videos, video games, a collection of books, and board games were available to the residents.

Recommendations

1. Loma Alta management:

- a. Remove debris on the side of the house.**
- b. Cover the hot tub.**
- c. Clean the laundry room.**
- d. Repair the holes in the wall and the exterior door of the laundry room.**
- e. Provide plants, pictures, and knick-knacks, etc., in the family room to create a home-like environment as required by the Statement of Work.**
- f. Replace worn and damaged furniture in the family room and the residents' bedrooms.**
- g. Provide electricity at all times throughout the house.**

- h. Repair the hole under the sinks in bathroom number two and the kitchen.**
- i. Paint the residents' bedrooms and the door in bathroom number one.**
- j. Provide adequate lighting in the resident bedrooms and repair the light in bedroom number two.**
- k. As part of daily living skills training, teach residents how to properly care for their clothing.**
- l. Eliminate the urine smell in bathroom number one.**
- m. Provide residents with towels for use after washing their hands in bathroom number one.**
- n. Replace clothes hamper in bathroom number one.**
- o. Replace the stain and worn floor in bathroom number one.**
- p. Repair/replace the broken refrigerator in the kitchen and the freezer in the pantry.**
- q. Properly store and date all food items.**
- r. Remove all expired food items from the pantry.**
- s. Maintain an adequate supply of dry and canned goods for residents.**
- t. Clean the pantry.**

II. PROGRAM SERVICES

Method of assessment – Review of relevant documents and resident interviews

Sample size for resident interviews: Two

Comments:

Both residents met Loma Alta's population criteria as outlined in their program statement and received a complete initial diagnostic assessment after being admitted into the program.

The residents had current Needs and Services Plans (NSPs) that were not realistic, measurable, or time specific. In addition, a review of each resident's last two NSPs reflected the same wording except for one sentence. The residents participated in the development and updating of their NSPs; however, there was no evidence of participation by their authorized representatives.

The Quarterly Reports were current but not comprehensive, timely, or focused on the goals in the NSPs.

Both residents were receiving individual and group therapy.

Recommendations

2. Loma Alta management:

- a. Create Needs and Services Plans that are comprehensive, measurable, attainable, realistic, and time limited.**
- b. Include each resident's authorized representative in developing and updating the Needs and Services Plan.**
- c. Develop Quarterly Reports that focus on the goals in the Needs and Services Plans.**

III. EDUCATIONAL AND EMANCIPATION SERVICES

Method of assessment – Review of relevant documents and resident interviews

Sample size for resident interviews: Two

Comments:

Both residents attended JCD's private school and their records contained report cards and/or progress reports. The residents reported that they were provided with a sufficient amount of educational stimulation away from school on a daily basis and that staff was supportive of their academic progress. Both residents were too young for emancipation and vocational services. The residents did not work and were able to spend their allowances as they wanted.

Recommendations

There are no recommendations for this section.

IV. RECREATION AND ACTIVITIES

Method of assessment – Review of relevant documents and resident interviews

Sample size for resident interviews: Two

Comments:

Loma Alta provided an activity schedule developed by the staff with input from the residents. The residents were encouraged to participate in activities they desired and had the opportunity to play table games and sports at free times during the day.

Transportation was provided to and from activities.

Recommendations

There are no recommendations for this section.

V. PSYCHOTROPIC/OTHER MEDICATION

Method of assessment – Review of relevant documents and resident interviews

Sample size for resident interviews: There were six residents placed in Loma Alta at the time of the review. A review of case files was conducted for the two residents prescribed psychotropic medications.

Comments:

There were current court authorizations for the two residents receiving psychotropic medications. Documentation confirmed that the residents were routinely seen by the prescribing psychiatrist for a review of their medication.

Medication logs were properly maintained.

Recommendations

There are no recommendations for this section.

VI. PERSONAL RIGHTS

Method of assessment – Resident interviews

Sample size for resident interviews: Two

Comments:

The residents were presented with the policies, rules, and regulations when arriving in placement. Both residents stated that they felt safe in the home and that they were treated with respect.

Resident chores included the maintenance of their rooms and common areas, which the residents did not feel were too demanding. The residents stated that they liked and got enough food, had two snacks a day, and had no interference with daily living functions such as getting water and snacks.

Both residents had telephone contact with their authorized representatives. Phone calls and visits were permitted with sufficient privacy and the residents indicated that they had religious freedom.

The residents felt their health care needs were being met and that staff was culturally sensitive to each resident's background and ethnicity.

Both residents were aware of their right to refuse medication.

Recommendations

There are no recommendations for this section.

VII. CLOTHING AND ALLOWANCE

Method of assessment – Review of relevant documents and resident interviews

Sample size for resident interviews: Two

Comments:

Loma Alta provided appropriate clothing, items of necessity, and allowances to the residents. Loma Alta supplied residents with the required monthly clothing allowance in the amount of fifty dollars, and the residents were given the opportunity to select their own clothes. Clothing provided to the residents was of good quality and sufficient quantity.

The residents received at least the required minimum weekly allowance that they were able to increase based on the Agency's behavioral system.

Loma Alta provided residents with adequate personal care items and sufficient, secure space to store their personal items.

Both residents had life books.

Recommendations

There are no recommendations for this section.